

Privacy Policy

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review the below carefully.

At AMC we are committed to treating & using protected health information about you responsibly. This notice describes the personal information we collect and how & when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective 3/15/03 and applies to all protected health information as defined by federal regulations.

Understanding your health record: Each time you visit our office a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnosis, treatment plan and recommendations. This information, often referred to as your health or medical record, serves as a basis for planning your care / treatment, means of communicating with other health professionals regarding your care, legal documents describing the care you received, means by which an insurance company can verify services billed were actually provided, source of data for medical research, source of information for state/federal public health officials, a tool with which we can assess & continually work to improve the care we render and outcomes we achieve. Understanding what is in your record and how your health information is used helps you ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Our responsibilities: AMC is required to: maintain the privacy of your health information, provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We reserve the right to change our practices & to make the new provisions effective for all protected health information we maintain. Should our practices change we will notify you in writing during your next office visit. We will not use or disclose your health information without your authorization, except as described in this notice. We will discontinue to us or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For more information or to report a problem: If you have questions and would like additional information you may contact our Privacy Officer at 973-538-8336. If you believe your privacy has been violated, you can file a complaint with our Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either aforementioned.

Examples of disclosures for treatment, payment and health operations: We will use your health information for treatment purposes; we will use your health information for payment purposes; we will use your health information for regular health operations; we will use your health information to communicate to authorized family members / guardians; we will use your information to communicate with your insurance company &/or workmans' compensation carrier and nurse case managers; we will use your health information to communicate with appropriate public health / law enforcement departments as mandated; we will use your health information to respond to valid legal subpoena's.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

HIPAA Patient Consent Form

Patient consent to the use and disclosure of health information for treatment, payment or healthcare operations

I understand that as part of this organization's treatment, payment or healthcare operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via facsimile. I authorize the office to contact me at any of my personal phone numbers (home &/or cell phone) listed in this chart and authorize them to leave detailed information regarding my medical care.

I fully understand and accept the terms of this consent.

Responsible Signature

Date